

AMENDED  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 13 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095211

1. Entity Name

KeyCom Leasing, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1144 Solana Ave.

3. Mailing Address

1144 Solana Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Park FL

City & State

Winter Park FL

4. FEI Number

59-3436160

Applied For

Not Applicable

Zip

Country

32789 USA

Zip

Country

32789 USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Philip Medina

Street Address (P.O. Box Number is Not Acceptable)

1144 Solana Avenue

City

Winter Park

FL

Zip Code

32789

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Philip Medina, Director

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
Philip Medina  
1144 Solana Avenue  
Winter Park FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
David Pedrazzani  
1144 Solana Avenue  
Winter Park FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T/S  
Nancy Smith  
1144 Solana Avenue  
Winter Park FL 32789

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Smith

Date

Daytime Phone #

4/12/02 407-949-0600

CR2E034B (12/01)